

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36414

State File No.

FILED NOV 19 1942

Registration District No.

Primary Registration District No.

Registrar's No. 4233

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-5-42-11-9-42
(Specify whether)

In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2317 Forest
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ELLA E. SMITH (GARTH)

3. (b) If veteran, name war.....

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1942 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from
November 5 42 to November 9 42
er November 9 42
that I last saw him alive on.....
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 2 WIDOW

6. (b) Name of husband or wife unk

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: March 18 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 7 22 hr. min.

Immediate cause of death: Generalized Peritonitis Duration.....

Due to Ulcerated Colitis with rupture

Due to 120B

9. Birthplace Murfreesboro Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy Same as above

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Louis Lyttle

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Garrett

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof Nov. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director E. J. Sterling Bell

(b) Address 1212 Pine St. N.E. M.D.

19. (a) 11-13-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Specify means of injury)

23. Signature [Signature] (Print name or other)

Address Gen. Hosp. #2-6026 22 Date signed 11-12-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

E. Sterling Bills

Licensed Embalmer No.

3178

P. O. Address

1212 Ave K B M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.